



Signs of Mental Health



Mental Health Awareness Week October 5—11

12th Annual MHIT Draws Record Class

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Alabama Department of Mental Health
Office of Deaf Services
P.O. Box 301410, Montgomery, Alabama 36130



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Signs of Mental Health
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On The Cover:

Roger Williams (left) leads a role play activity that engages MHIT participants Jennifer Simpson of Highland, IL and Rebecca De Santis of Albuquerque, NM

ODS Psychologist Frances Ralston Retires

Frances Ralston, Ph.D., who retired July 1, 2014 after nine years with Deaf Services, was feted at the June 26th Deaf Services staff meeting. She was the only deaf psychologist in the Alabama and one of the few ASL-fluent psychologists in the state.

As part of events honoring her tenure, a new "Dr. Frances Ralston Lending Library" was established. Dr. Ralston gave a number of books to ODS and the lending program was set up to make those available in state.

Among the highlights of her time with ODS, she was instrumental in starting up the deaf unit at Greil.

Dr. Ralston, who received her psychologist license in 2000, had been previously worked at the Alabama Institute for the Deaf and Blind and had a private practice.

"Deaf Alabamians are certainly losing a valuable and precious resource as well a fantastic friend," said Steve Hamerdinger, ODS Director.

After the closure of the Bailey Deaf Unit, Dr. Ralston was brought under the ODS central office staff where she continued to work closely with deaf consumers who were in state facilities. At the time of Dr. Ralston's retirement, there were nine deaf people at Bryce. Her retirement is felt acutely by those consumers.

Dr. Ralston also carried a small community caseload and provided assessment services for deaf consumers across various state government agencies.

Recruitment has been underway since May, and the slow progress helps underscore how unique and valuable Dr. Ralston's work was. In most places, people who are deaf are accessed by hearing psychologists who are not able to communicate with those they are testing in Sign Language. (It is, of course, hoped that competent interpreters would be used, but that is another story altogether.) During her time here, Dr. Ralston assessed hundreds of deaf consumers and, for a while at least, gave was our hope and assurance that their information and diagnoses would be correct.

Dr. Ralston has relocated with her husband, Rev. Jay Croft, in Frederick Maryland, near her two daughters and several grandchildren. We definitely have lost a valuable resource. Nevertheless, we wish her well. ✍



ODS Director Hamerdinger presents Dr. Ralston with a certificate of appreciation. The staff also chipped in for a going away present to help them relocate.

Editor's Notes

A full issue. A lot of neat stuff. After a long hiatus, we have a new "From the ODS Case Files" up and it's a good one. There is a full write up about the Interpreter Institute. We also have several guest articles by various people, including Neil Buckingham, who visited us from England. And, for you amusement, our columnist seems to be deeply into his cups this issue. As always, we welcome your feed back.

Student Workers Help Make MHIT Smooth



This is the second year ODS formally invited student workers/volunteers to come help out at MHIT. The group was coordinated by Shannon Reese.

There were many responses and, of course, some had to be turned down. Several of those who

missed the cut for this Institute are on the list to be considered for 2015. This year's group (above, left to right)

April Headley

Kat Elvrom

Katy Schmidt

(Not pictured: Alicia McClurkan, Kataya Davidson)

Erin Ennis

Courtney Peters

The volunteers were a tremendous help at MHIT. They could be counted on to do whatever is necessary to keep operations running smoothly. Some tasks included:

- Pass out handouts at beginning of each presentation
- Pick up RID barcode stickers at each workshop after it's been passed down to all participants
- Make sure presenters had what they needed and were comfortable
- Put out blank sign-in sheets and collect them at end of each poster session.
- Put out correct poster and handouts at the beginning of each poster session.
- Attend to registration, paperwork, and other small tasks such as making sure the correct "On the John" training posters were up in the bathrooms.

The MHIT team is small, and it would not be possible to do all of the little things that go into making MHIT the "Gold Standard" of interpreter training events without the student volunteers.

"I have enjoyed coordinating this group of volunteers this year," Reese told SOMH. "We made sure they had every opportunity to learn from presenters and could also participate in some fun activities during the week such as ASL silent dinner, Biscuits baseball game."

They came from different backgrounds but have passion in working with mentally ill people. They reported that they were overwhelmed with information from the training but some of them want to come back next year. ✂

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MHIT 2014 Interpreter Institute Sets Attendance Record

Mental Health Interpreter Training Project held its 12th week-long Interpreter Institute August 4-8, 2014 at Troy University at Montgomery. The annual Institute, with attendance, was "sold out" months before the opening session. Altogether 85 individuals from 28 different states and 2 different countries were on hand. The total attendance with all staff, volunteers and participants was 115.



A record crowd of 85 participants and a total attendance of 115 filled Troy University at Montgomery's Gold Room (Above: part of the crowd. Below, for the second straight year Commissioner Jim Reddoch opens the Institute. Top right, Robin Dean makes a point as Bob Pollard looks on. Bottom right, international participants from the Netherlands right to left: Marianne Ellington-Nielsen, Lise Thorkildsen. Neil Buckingham of England is in the background.

For the sixth straight year, the Alabama Department of Mental Health's Office of Deaf Services partnered with ADARA, and Troy University at Montgomery to conduct the internationally acclaimed program. As one participant told us, "I have wanted to do this for years and have been so thrilled to finally have the opportunity to participate in this training."

ADMH Commissioner Jim Reddoch gave opening remarks for the second straight year. The Commissioner was a faculty member of the Institute the first few years, where he lectures on forensic services.



There were 32 different workshops with 43 actual clock hours of instruction. The faculty was almost entirely veterans of the Institute. Robert Pollard and Steve Hamerdinger continued their unbroken streak of being faculty members for every one of the Institutes. Crump, Dean, and Williams have each taught at 11 of the 12 years. Carter English, Shannon Reese and Brian McKenny also returned from previous Institutes.

Newcomer Carole Lazorisak, presented at the deaf interpreter breakout and also at one of the early bird sessions. Several other ODS staff members offered either Early Bird or Brown Bag sessions.

"Speakers throughout were phenomenal! Time flew by! Information was very well thought out. I am going to recommend this to many more interpreters," One participant told us. Another remarked that, "All of the speakers were outstanding! Very informational and fun. I was worried about the intensity of the week's schedule but again I enjoyed each workshop completely!"

The schedule was indeed intense, even intimidating. One participant said, "Information overload but worth it. Very impressed with coordination of the entire week, the



2014 Institute Sets Attendance Record

(Continued from page 4)

presenters, interpreters and workers, and the community of Montgomery!”

Wednesday afternoon consisted of three breakout sessions. For first-time participants, the “Hearing Voices” activity, led by Kathy House, helps build empathy and insight to what people with mental illness are experiencing. Alumni participants were invited to a special panel discussion on supervision and mentoring led by Steve Hamerdinger. Carole Lazorisak led a discussion for deaf participants on effective deaf – hearing interpreter teaming.

One of the new things offered this year was a “diversify your life” session during the early bird session on Thursday. Intended to compliment the session on Secondary Trauma Stress and Self Care, it introduced participants to different ideas how to use activities to “de-stress.” In an interesting bit of irony both dancing segments were led by deaf faculty members!!! See the sidebar on this on page for more information.

Since the first Interpreter Institute, 812 different people have been trained, an average of 68 new people every year. Many of them have come to more than one Institute. We have had 17 different faculty members over the .

Every state, except Alaska, Montana, Nebraska and Utah has sent participants at some point since 2003.

As has been the case the past several years, there is tremendous interest in the 2015 edition of MHIT and there over a dozen people on the waiting list. Announcement of the dates of next year's training should come out in December. ✂



Sereta Campbell teaches a Brown Bag session on interpreting play therapy. The early morning and lunch time specials were popular and well attended. They also serve as the “farm team” for developing future MHIT trainers.

Diversify Your Life! A New Event for 2014

Each year, as part of MHIT, participants have the opportunity to attend poster sessions that are offered in the mornings before MHIT begins and at lunch. The optional sessions are short, usually lasting around 20 minutes and provide a brief overview of information that is not discussed during the core curriculum, but can supplement interests and work in mental health settings. Some of the sessions are annual standards such as Self Protection – dealing with grabs, chokes and hair pull, the Mental Health Interpreter Portfolio and a tour of the Rosa Parks museum. Some of the poster sessions rotate through every few years (Interpreting Play Therapy, CBT and Deaf Consumers, etc.) and of course there are always new sessions to keep them varied (Handling Defense Mechanisms, Autism and Deafness, etc.).



One new event this year was titled “Diversify Your Life!” This poster session which lasted for ½ hour allowed participants to learn new activities and develop potential future hobbies. The goal of the activity was help participants cultivate interests not directly related to work in mental health or interpreting that will assist them with maintaining self-care, increase productivity, reduce burnout and possibly deal with the effects of vicarious trauma.



There were a total of eight stations, participants were able to choose and rotate through three areas of interest during

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Diversify Your Life

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this time. The concept was built on the “Speed Dating” concept. Presenters and topics included:

- Lynne Lumsden - Zendoodle
- Wendy Darling - Arts/Craft
- Charlene Crump - Creative Tipping: Money Origami
- Shannon Reese -Yoga Stretches
- Lee Stoutamire -Massage Techniques
- Lance Weldgen AND Brian McKenny - Texas Hold Em Basics
- Vyron Kinson -Dance: Biker Shuffle
- Carole Lazorisak - Ballroom Dancing



Ashleigh Krivulka and Vyron Kinson work on steps to the “Biker Shuffle”

The event was a huge success and met with many positive comments received by participants. Most commonly heard “Can we do this every morning?” and “I didn’t know THAT’s what you were going to do!! I’m so sorry I missed it!!” and “Thank you for teaching this!!” ODS would like to thank our talent staff and faculty for sharing their interests! ✂

But I Just Took This Training: Why the Practicum is Essential to Qualification

By Brian McKenny

**“Tell me and I will forget.
Show me and I may remember.
Involve me and I will understand.”
– Confucius**

“So I gave up a week’s worth of work, during prime vacation time, to come to the sauna that is Montgomery Alabama in August. Now you want me to come back for a week?”

It’s a good question. In the realm of interpreter training and earning those precious CEUs, very rarely do we find workshops that ask for more than the “day of” approach to improving our skills. More often than not, we find ourselves in a 4-6 hour workshop where we’re expected to process the day’s information and immediately change our work to reflect these new best practices.

Except we don’t. Without a structure to implement these new “best practices,” we often find ourselves only giving lip service to them, and never truly establishing them. I’m reminded of a current QMHI that I supervise, who stated plainly, “They don’t do this out there.” My response – “Why haven’t you started?”

That’s the issue. We, as a field strive for homeostasis. We don’t like to be the ones rocking the boat. As a field, as professionals, it is frankly unethical for us to remain static in our skill sets, both technical and practical. Best Practices happen when people start doing them. That’s where trainings like the Interpreter Institute come into play.

I purposefully use the word “training” in contrast to “workshop.” For me the term “workshop” refers to that one-time, touch-on-the-subject meeting mentioned in paragraph 2. “Training” is a course of action that ideally lasts the span of one’s career. “Best practices” are just that; they are the benchmark by which we measure quality service.

So what benefit is gained by completing a practicum. Sure, there’s the ability to take the written exam, and the prestige that comes with the moniker “QMHI.” There’s something else, though. Confucius tells us above, “Involve me and I will understand.” It’s there where true change begins. Practicum allows

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Perspectives of an Englishman at MHIT

By Neil Buckingham. (Neil is at right in the picture below)

I am currently working as an advanced Nurse Practitioner in mental Health in England. (I do believe my equivalent role in the USA is a physician's assistant). I have spent many years working alongside clients who are profoundly Deaf and use British Sign language and was offered a fantastic opportunity to see how services are managed in Alabama and how the training of Mental Health Interpreters is provided. I am hearing but do sign in British sign Language as my youngest son is profoundly deaf

I had the pleasure of attending the five-day annual mental health Interpreter training run by Alabama Department of Mental health.

This was my first time attending such an event and felt initially somewhat out of my comfort zone, as not only was this my first visit to Alabama but also my first real exposure to American Sign Language. However I was extremely well supported by the team who certainly made me feel at home and offered me assistance in ensuring I had access to interpreters throughout my time there. (This did give me some degree of insight into how difficult it can be to access information when the communication being delivered is not my primary language).

My initial thoughts of the training provided and the resources that are in place for Deaf clients was certainly of a high standard and my opinion did not change throughout my 11 days I was there.

The training program was well attended and had representation from many states (I do believe there are only a few states that have never attended this training) There was even representation from Denmark and of course from England. The training has been running for many years now and appears to be going from strength to strength in the management and content of the course.

The training was focused on improving interpreters understanding of Mental Illness and the difficulties that are often encountered in clinical settings with regard to access to information and effective communication. It also offered training on different types of mental illness and how these illnesses can impact upon a person. It was good to see that pharmacy also attended to give a whistle stop tour on common medications and their side effects.

There was a significant amount of work involved in the planning and delivery of this training program and this was evident throughout with a well-managed and varied program of speakers that offered a significant amount of experience and expertise in this field which enhanced the level of learning provided. It offered an interactive learning environment in which participants were encouraged to ask questions and share experiences. The training sessions delivered both in spoken English and American Sign Language to cater for all the needs of the people attending.

The venue was well chosen and offered a nice and comfortable learning environment and to be honest also offered respite to the temperature of Alabama (something that I am not familiar with here in not so sunny England)

The days were long with optional learning sets in the mornings and at lunch time, but this did not appear to impinge on the capacity for the participants to concentrate. In fact these additional sessions were very well attended and offered new concepts and insight into how other services work. These sessions included talks from deaf counsellors, relaxation techniques and training on autism.

One of the huge benefits that I saw during my 5 days there was how this venue not only offered a structured teaching program but also the informal support and networking opportunities from staff attending. It was great to see staff who had not previously met discussing issues with each other and sharing ideas on how to improve practices.

It wasn't all hard work; there was a focus each evening on social activities. There were meals out and visits to bars; there was even a baseball game. This emphasis on social interaction positively changed the dynamics of the group.



Perspectives of an Englishman

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Wendy Darling, ODS staff interpreter, Neil Buckingham, Charlene Crump, statewide mental health interpreter coordinator

I have now returned to England and had time to reflect upon what I thought about the Deaf services that Alabama has to offer and review the effectiveness of the training package. I have to say that the motivation and commitment of all the team involved in offering this training is second to none and this is clearly evident in their commitment to continually improve deaf mental health services and offer a service that is inclusive to all. The training offered a fantastic opportunity for interpreters to gain increased knowledge of working with Deaf clients and also learn from other areas across the USA.

I would highly recommend this training program to all interpreters working in this area as it is all encompassing in its content and is one of the most interactive training sessions I have attended

I would like to thank the team for all their support while I was there and to thank all the people I met who offered me a great insight into interpreting in the USA. ✂

Are You Coming to the 2015 MHIT Interpreter Institute?

The class already has applications and space fills up fast. While we do not know the exact dates of the Institute, it is traditionally the first full week in August. People who apply early will have a better chance at being accepted.

Watch for details in the next issue of Signs of Mental Health

Spending the Summer in Alabama a Cultural Experience For Wisconsin Social Work Intern

By Katy Schmidt, ODS Social Work Intern

My internship at the DMH-Office of the Deaf Services was amazing than I could have imagined. I learned so much about Deaf Services within the Mental Health system. At the beginning of the internship, I felt I was starting a journey on a roller coaster ready for what could be the ride of my lifetime. As I departed the familiar rolling farmland of Wisconsin, leaving behind the delicious



cheese curds, it was nearly impossible to comprehend all the challenging situations I might face. I was going to a place where I have never been to, and working with people I did not know. This forced me to utilize my knowledge combined with my instincts to navigate what would become an interesting ride. During the first weeks, Frances Ralston, ODS' psychologist, retired, leaving me to fly "solo" at Bryce Hospital, which made my journey even more interesting. Not that I didn't have supervision; The entire ODS clinical team took me under their wing.

Once I was introduced as a new intern from Wisconsin, I was frequently met with a collective sigh, and "another interpreter from Wisconsin?" All I could muster was "Yes, I'm from Wisconsin, but I'm here as a Social Work intern". Gratefully, I was welcomed anyways. A side note- Wisconsin produces the second largest group of Qualified Mental Health Interpreters from Alabama's Mental Health Training program.

Once I began working with clients, I saw firsthand how challenging their lives are and the kinds of issues they are forced to deal with every day. I learned so much about this vulnerable population, ranging from their inner strength to their interesting personalities. I tried to learn about the individual client, their goals while doing my best to make sure they were progressing towards their goals. After all, each client had a lot to teach, and I can say I learned so much from him or her.

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I'm So Glad we Have Braille Cards Now!!!

The Montgomery area deaf community meets on the first Friday of the month at a local Starbucks and has for years. For most part, this has been a great relationship. Like all relationships, it has its ups and downs. At a recent gathering (the first Friday in October) was a double face-palm moment.

One of the ODS staff purchased a few small gift cards to distribute among some of our regulars who are unable to buy their own drinks (including some of our group home residents). The barista, who apparently was new on the job, was beside herself with excitement. "OMG! How wonderful! We just got some new braille cards and they are perfect for your death people."

Words fail.

No, You Deafies Can't Get a Hearing Aid with Medicare, but we have this GREAT scooter for you...

According to Medicare (and most medical insurance programs), a deaf person cannot get a hearing aid through coverage. But they can get a free motorized scooter for little more than a doctor's note. Added fun fact. Insurance will usually pay for a cochlear implant surgery (and usually the device itself) but will generally not pay for the rehabilitation and training. If the device fails or if the consumer finds it does not work for them, they are just out of luck.

Stuff Hearing People Say to Deaf People:

"It's not important"
"Can you have children?"
"Can you Drive?"
"Oh, never mind. I'll tell you later."
"You don't need an interpreter. We can understand what you are saying."

And people wonder where this comes from: "Gosh, you deaf people are so angry and militant!" ☹

Overview of Title IV: Amendments to the Rehabilitation Act Of 1973: The Workforce Innovation and Opportunity Act (WIOA)

The President signed into law the Workforce Innovation and Opportunity Act (WIOA), which replaces the Workforce Investment Act of 1998 (WIA) and amends the Rehabilitation Act of 1973 (Rehabilitation Act). It is aimed at increasing opportunities, particularly for those individuals with disabilities who face barriers to employment, and invests in the important connection between education and career preparation.

This summary highlights changes made to the Rehabilitation Act by Title IV of WIOA, which took effect on July 22, 2014. This is not intended to be a comprehensive listing of changes. The Rehabilitation Services Administration in the Office of Special Education and Rehabilitative Services, U.S. Department of Education, will provide detailed technical assistance on the statutory changes in the near future. For details click [HERE](#).

Increased Services to Youth with Disabilities: Throughout WIOA, especially in the amendments to the Rehabilitation Act, there is a significant emphasis on the provision of services to youth with disabilities. To that end, WIOA:

Supports Employer Engagement: WIOA contributes to economic growth and business expansion by ensuring that the workforce is job-driven, matching employers with skilled individuals.

Emphasizes Competitive Integrated Employment: WIOA places significant emphasis on obtaining competitive integrated employment, especially in the amendments to the Rehabilitation Act.

Enhances Accountability: WIOA puts a premium on ensuring the accountability of Federal programs.

Promotes Collaboration and Efficiency: WIOA establishes several new requirements to ensure greater efficiency within the programs and to ensure collaboration among all relevant stakeholders at both the Federal and State levels to ensure that the vision of WIOA is implemented.

Promotes training and technical assistance for grantees:

Transfers Programs: WIOA transfers certain programs from ED to the Department of Health and Human Services (HHS) and gives the Secretaries of ED and HHS authority to ensure an orderly transition as they implement these changes.

Repeals Programs: WIOA repeals several programs, including the following programs under the Rehabilitation Act. ☹



As I See It

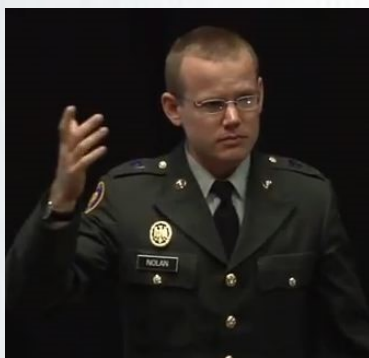
John Hamerdinger

Last September 12th, a group of students from the North Carolina School for the deaf and two of their teachers traveled to Washington, DC to “to show support for H.R. 5296 and S.B. 1864. These bills would require the Secretary of the Air Force to carry out a program to “assess the feasibility and advisability” of granting individuals with auditory impairments access as officers of the Air Force.” [Keith Nolan, former stellar ROTC cadet](#) was also in attendance.



Cody Hollar, left

Nolan, who attracted some attention back 2011 when he was denied a commission in spite of being at the top of his ROTC class at CSUN and UCLA. His fight to be able to ... well, fight... has attracted some Congressional attention in the form of a Tom Harkin Bill, S. 1864 and its companion House Bill 5296.



Cadet Keith Nolan

While a somewhat bemused media looked on, NCSD student Cody Hollar said, “My family, for generations, has been involved in the military, and I would like to be the same, such as my grandparents were.”

It's a feeling with which I can identify. I am the first Hamerdinger man up through my generation to not have served in the armed forces. My great grandfather was in the 17th Virginia Regiment in Robert E. Lee's Army of Northern

Virginia. My grandfather served in WWI. My father was in the famous 45th Division in WWII and my brother served for 30 years in the Air Force through most of the Cold War. All my uncles and cousins served and many were career military as well. So I understand Hollar's sentiment.

Most hearing Americans, though, either patronize us when we express that desire or belittle us as unrealistic. “C'mon, this is a hoax, right? Why would anyone make it an issue?” said one commenter to the Morganton News Herald story on September 15. A few comments were actually thoughtful and considerate. Then there was this bit of trolling; “Is there any sanity left in this country. Deaf and want to have orders in brail [sic]! What in the world is next? Not even a subject worth thinking about.”

Actually, I would imagine the very best sonar operators are half bat. Visual acuity takes a back seat to having exceptional hearing ability. I would not imagine, in today's world that a blind sonar operator would be disadvantaged

Since nearly 100% of the comments to the story were negative or, at best, skeptical, I doubt we will see any significant change in our nation's current policy.

But “No deaf need apply” has not always been the military's policy.

During the “Late Great Unpleasantness” aka “The War of Northern Aggression” – Hey, give me break! This *is* Alabama, y'all! – there is [documentation of deaf people serving](#) on both sides of the war.

During both [world wars, the defense industry](#) made phenomenal use of deaf people in war material factories and it was considered very patriotic to do one's bit making tires or building airplanes and tanks. Nevertheless, as the wars wore on, standards as to what was “disqualifying” from services seemed increasingly fluid. And even people who were “THPs” (temporarily hearing people) often became deaf during the wars. Today we still see increased instances of soldiers losing their hearing as a result of acoustic trauma on and off the battlefield.



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Notes and Notables

Frances Ralston, who retired from Deaf Services this past summer left many books related to mental health, deafness, psychology and so on to ODS. These books have become the basis of a newly created **Frances Ralston Lending Library**. We hope to include our entire article collection (several thousand articles) as well as other books we have acquired over the years. If you have questions, contact Charlene.Crump@mh.alabama.gov.

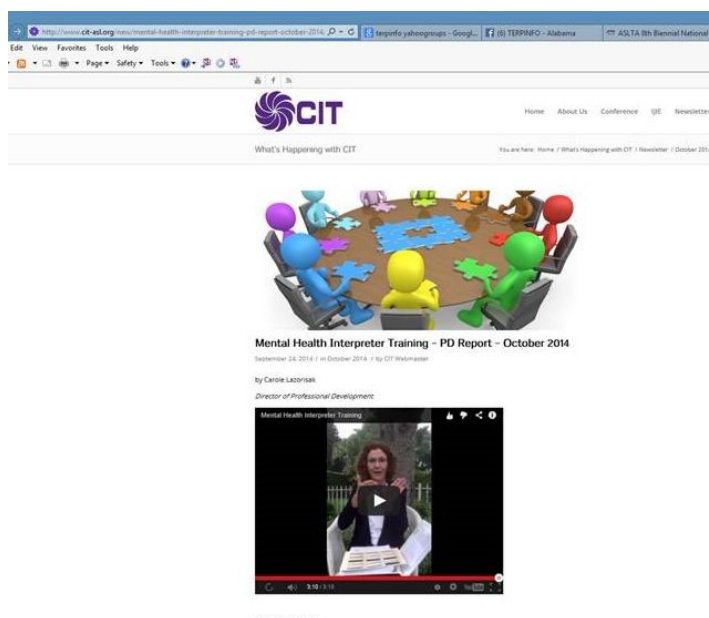
On September 26, 2014, several members of the Deaf and Signing community participated in Montgomery's 4th annual Zombie Walk and Prom. Participants dressed up as zombies and walked the streets of downtown Montgomery. The event is as a fundraiser and food drive for the Montgomery Area Food Bank. This year was the first year that there was a competition for best zombies ideas and costuming which included individual competitions for Best Zombie Prince, Princess, King, and Queen and Best Zombie Group. For the third year in row ODS had a semi-official presence!



Pictured above (left to right) **Shannon Reese**, **Wendy Darling**, and **Charlene Crump**, were joined by **Aley Konesky** (ADMH ITP scholarship recipient and contract interpreter) in winning the Best Zombie Group for their "Golden Girl Zombies" costumes. They won tickets to the Auburn game, haunted hearse tour and a trophy. "I thought we might have chance to get in the competition, Crump told **SOMH**, "but I never thought we would win it!" Congratulations to the "Golden Ghouls..."

The **Conference of Interpreter Trainers** has sent an official representative to the Interpreter Institute for the second straight year. This year, we were pleased to host **Carole Larzorisak**. We have been a fan of her work and have had

her down for workshops in the past. We were thrilled she came to ours. She had some very nice things to say about her experience on a Vlog posted on the [CIT website](#). While she was here we conned her into doing one of the breakout sessions for our deaf participants... Thanks, **Carole** and we hope we will see you again real soon!



Social Work Intern

(Continued from page 8)

My internship here at ODS allowed me to grow in a professional way as well. I learned how important communication is and I quickly became comfortable being a member of this awesome team. There were times when I was not sure if what I had to say was worth it, but I quickly learned that the people here are sincere and genuinely care about what everyone has to contribute to the team. I also learned how to compose myself in tough situations. There were times when my patience was tested. When this would happen, I would take a deep breath (or two, or three, sometimes four...).

My time at the ODS and in Alabama could not have been a better experience. The experience not only taught me, but I have learned a way of life in Alabama. I sincerely enjoyed working with everyone! I gained knowledge each day I was here and that now that the experience is over, I realize how unique and special this office is and am grateful that I have developed more concrete skills that I can utilize in my future professional work. ✍

Important Position Announcements

PSYCHOLOGIST I (Office of Deaf Services)

SALARY RANGE: (\$52,663.20- \$80,287.20)

JOB LOCATION: Department of Mental Health
(Tuscaloosa Bryce Hospital Complex)

QUALIFICATIONS: Graduation from an accredited college or university with a Doctorate degree in Psychology.

SPECIAL REQUIREMENTS: Possession of or eligibility for licensure as issued by the Alabama Board of Examiners in Psychology. **Proficiency in American Sign Language at "Advanced Plus" or higher** level of signing skills as measured by a recognized screening process, such as SCPI.

The employee in this position will be responsible for providing clinical services to deaf and hard of hearing (D/HH) consumers at our Tuscaloosa facilities and in West Alabama. This position works within the Office of Deaf Services, Division of Mental Health and Substance Abuse Services, providing culturally and linguistically appropriate psychological testing and assessment to deaf consumers throughout the state. Works with inter-disciplinary treatment teams in the development, implementation, and review of patient treatment plans. Conducts group, individual, and family therapy. Develops, implements, reviews, and supervises behavioral and milieu treatment programs. Maintains accurate documentation as required by policy as well as departmental and mental health center guidelines. Performs related duties as assigned.

Please request complete announcement <http://www.mh.alabama.gov/ADHR/ExemptJobs/Search.aspx>. Questions can be directed to Steve Hamerdinger, Director of Deaf Services. Steve.hamerdinger@mh.alabama.gov or VP (334) 239-3558.

Mental Health Specialist II (Regional Therapist)

SALARY RANGE: 74 (\$39,290.40 - \$59,517.60)

Work Location: Deaf Services Region III Office Mobile, Alabama

QUALIFICATIONS: Master's degree in a human services field, plus experience (24 months or more) working with deaf individuals in a human service setting. See full announcement for details)

NECESSARY SPECIAL REQUIREMENTS: **Must have near native-level signing skills equal to Advanced Plus level or higher** of signing skills in American Sign Language (ASL) as measured by a recognized screening process as the Sign Language Proficiency Interview (SLPI). Must have a valid driver's license to operate a vehicle in the State of Alabama.

This is highly responsible professional work within the Office of Deaf Services involving direct clinical services supporting deaf consumers and community mental health programs that have deaf consumers in their caseloads.

The person in this position will be responsible for providing direct clinical services to deaf individuals, advocates with other mental health agencies in support of deaf individuals who need services, arranges or supervises the arrangement of interpreter services to support service provision for deaf individuals, and serves as a liaison between the Alabama Department of Mental Health and community service providers located in the Coordinator's service region. This position will work under the direct supervision of the Director of the Office of Deaf Services.

Please request complete announcement <http://www.mh.alabama.gov/ADHR/ExemptJobs/Search.aspx>. Questions can be directed to Steve Hamerdinger, Director of Deaf Services. Steve.hamerdinger@mh.alabama.gov or VP (334) 239-3558

Current Qualified Mental Health Interpreters

Becoming a *Qualified Mental Health Interpreter* in Alabama requires a rigorous course of study, practice, and examination that takes most people nearly a year to complete. It involves 40 hours of classroom time, 40 hours of supervised practica and a comprehensive examination covering all aspects of mental health interpreting. *(Alabama licensed interpreter are in Italics)* *Denotes QMHI- Supervisors

Charlene Crump, Montgomery*
Denise Zander, Wisconsin
Nancy Hayes, Remlap
Brian McKenny, Montgomery*
Dee Johnston, Talladega
Lisa Gould, Mobile
Gail Schenfisch, Wyoming
Dawn Vanzo, Huntsville
Wendy Darling, Prattville
Pat Smartt, Sterrett
Lee Stoutamire, Mobile
Frances Smallwood, Huntsville
Cindy Camp, Piedmont
Lynn Nakamoto, Hawaii
Roz Kia, Hawaii
Jamie Garrison, Wisconsin*
Kathleen Lamb, Wisconsin
Dawn Ruthe, Wisconsin
Paula Van Tyle, Kansas
Joy Thompson, Ohio
Judith Gilliam, Talladega

Stacy Lawrence, Florida
Sandy Peplinski, Wisconsin
Katherine Block, Wisconsin*
Steve Smart, Wisconsin
Stephanie Kerkvliet, Wisconsin
Nicole Kulick, South Carolina
Rocky DeBuano, Arizona
Janet Whitlock, Georgia
Sereta Campbell, Tuscaloosa*
Thai Morris, Georgia
Lynne Lumsden, Washington*
Tim Mumm, Wisconsin
Patrick Galasso, Vermont
Kendra Keller, California*
June Walatkiewicz, Michigan
Teresa Powers, Colorado
Melanie Blechl, Wisconsin
Sara Miller, Wisconsin
Jenn Ulschak, Tennessee
Kathleen Lanker, California
Debra Barash, Wisconsin

Tera Vorpal, Wisconsin
Julayne Feilbach, New Mexico
Sue Gudenkauf, Wisconsin
Tamera Fuerst, Wisconsin
Rhiannon Sykes-Chavez, New Mexico
Roger Williams, South Carolina*
Denise Kirby, Pennsylvania
Darlene Baird, Hawaii
Stacy Magill, Missouri
Camilla Barrett, Missouri
Angela Scruggs, Tennessee
Andrea Nelson, Oregon
Michael Klyn, California
Cali Lockett, Texas
Mariah Wojdacz, Georgia
David Payne, North Carolina
Lori Milic, Wisconsin
Amber Mullett, Wisconsin
Nancy Pfanner, Texas

*Denotes QMHI-Supervisors

DEAF CARE WORKER (Bryce Hospital Tuscaloosa)
SALARY RANGE: 50 (\$21,722.40 - \$30,724.80)

Works primarily in a specialized psychiatric unit providing care, habilitation, and rehabilitation of deaf and hard of hearing (D/HH) patients with co-occurring disorders of mental illness and chemical dependency in a state mental health hospital. Performs basic nursing care and assist patients with personal hygiene and activities of daily living. Observes patients closely and documents patients' physical and mental condition. Maintains the security of patients. Accompanies patients off unit to hospital activities, functions, and off hospital grounds to medical appointments and field trips. Communicates with D/HH patients in sign language. Performs assigned work under supervision of professional nurses and LPNs with instructions from physicians. Performs related work as required.

NECESSARY SPECIAL REQUIREMENTS: Must be 18 years of age. Graduation from a standard high school or GED equivalent. Possession of a valid Alabama Driver's License. Proficiency in American Sign Language (ASL) at "native" or near "native fluency" level of signing skills as measured by a recognized screening process, such as SLPI/SCPI at the "Advanced" level or higher.

For more information please contact:
Steve Hamerdinger, Director, Office of Deaf Services
Alabama Department of Mental Health
100 North Union Street
Montgomery, AL 36130
Steve.hamerdinger@mh.alabama.gov
(334) 239-3558 (Voice/VP)

MENTAL HEALTH TECHNICIANS Deaf Services Group Home (Clanton, AL) SALARY RANGE: Competitive

Positions Available: all shifts Candidates must possess proficiency in ASL

Duties:

- Provide personal, direct care for consumers with mental illness diagnosis who are also deaf or hard-of-hearing.
- Pass medications under the direction of a Medical Assistance LPN.
- Provide transportation to consumer appointments.
- Provide basic living skills training and assistance.
- Provide communication assistance to the consumers through the use of Sign Language or language of the consumer's preference. Ensure that consumers have access to assistance by a qualified interpreter.
- Maintain policy of confidentiality.
- Qualifications:
 - High School Diploma or equivalent required
 - Current AL Driver License and safe driving record
 - Prior experience serving clients who are deaf or hard-of-hearing preferred.
 - Prior experience working with clients with mental illness or intellectual disabilities preferred.

For more information go to application webpage or contact:

Lori Redding, MHA
Director of Human Resources
Chilton-Shelby Mental Health Center
lredding@chiltonshelby.org
office: 205/668-4308

As I See It

(Continued from page 10)

The Defense Department's policy is also more than a little hypocritical. They have no problem with using talented deaf people in civilian roles doing the same work they have active duty people doing. A point, actually brought up in some of the blogs comments related to this topic.

Years ago, when I lived in New Mexico, I hung around with a deaf fellow, Richard Bacca, who was an engineer at White Sands Missile Range. He spent his days (well nights actually!) lighting off **big firecrackers** (aka missiles) for the Army. He was also called on to consult for the Air Force from time to time. What he did was essentially the same thing the Army trains soldiers to do, which is maintain and test rocket and jet engines. A long-time deaf friend of mine, Don Bradford, was on the research team that built the first working computer at Los Alamos back while it was still under Army control.

[Israel requires deaf people to serve](#) (or at least report for service) in their national defense force. [They even teach beginning sign language course to hearing soldiers and commanders.](#)

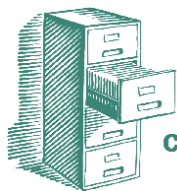
The fascinating thing in all of this is not so much the story itself, but society's reaction to it. Some examples include the back-and-forth on the [Air Force Times website](#), and the reactions to an [Op-Ed](#) in the Washington Post [by my old friend and classmate, Bob Weinstock](#). Like Bob, I had a dream of going to Annapolis. And like him, I was told I could not.

At the same time, it's all very amusing watching people who are totally caught up in Political Correctness and "victim" advocacy tie themselves into pretzels trying to defend deaf people's "right" to serve in the very same military they often decry. It's a bit like watching you mother-in-law drive over a cliff in your new BMW.

Still, you have to ponder the expression, "Be careful what you ask for, you might get it." *As I See It*, though, we should at least not be discouraging dreams. Life has a way of doing that all by itself without the help of mindless blurting from unthinking and unfeeling people who enjoy wearing their idiocy on their sleeves for all the world to see. ✂

Breaking News:

Apparently Keith Nolan is no longer alone in his quest. In the October 7 issue of Ka La, the student newspaper of Honolulu Community College, [there is a story about Ferdinand Bermudez](#), a deaf HCC student, who is in the Reserve Officer Training program at UH-Manoa. Like Nolan, he wishes to serve, but is stymied by the current rules which won't allow him to join the military when he graduates in 2017. He is hopeful the rules will have changed by then.



From the ODS Case Files:

Challenging Cases, Creative Solutions

How what we are learning in mental health has implications for work in vocational and educational and other settings

While deaf service agencies in the state of Alabama have again and again demonstrated desire and ability to collaborate on needed projects, the day to day expertise in various deaf related agencies isn't always understood in other disciplines and sometimes is not even considered. In some cases the work that we do has implications for other service providers working with individuals who are deaf. Let's consider the case of Sophia.

Grand Rounds Case Presentation: (Identifying information including names, settings etc. have been altered for the privacy of those involved).

Sophia is a deaf female who has recently been hired to work at a health care organization. Promptness to work, attention to detail in work procedures and timeliness of completed tasks are very important. Sophia's employer has worked with other deaf hires, deaf agencies supporting her work and is no stranger to the accommodations needed. She has had the opportunity to complete a two week on the job trial work experience – complete with qualified interpreters, job coaching support, other deaf employee peer support, etc. She has entered the phase of the hiring process where she must take classes and pass exams on the material learned related to her job (she has already seen and participated in many of these activities during the trial phase of her employment).

The class is a small class with a hearing instructor (who is used to having deaf students in the classroom). There are qualified interpreters provided who routinely work in this setting. On the first day, the instructor goes over material in the books provided to the students prior to their arrival. Students must pass a written exam at the end of the day (there are practice quizzes at the end of each unit that the instructor goes over with the students). On the second day, the students must demonstrate their ability to perform the procedures observed during their trial work phase, studied from their books and taught and discussed in day one of training.

Even with all of the supports provided, the student does not pass the written material and cannot pass the performance portion of the exam.

Each employee has three attempts to pass the class. The student was encouraged to study their book, work with their supervisor and fellow deaf employees in order to prepare for the next attempt. The student/employee was also provided a communication specialist (deaf) to work with them and tutor them regarding the information.

The second attempt produced almost identical results to the first. As an additional accommodation, the written test was signed with interpreters noting the answers provided by the student. The student was able to barely pass the written examination, but was still unable to pass the performance section (although there was some improvement noted) despite being given two chances to do so during this attempt. The student had studied hard, had friends quiz her, watched others go through the performance testing, worked with her supervisor and co-workers to understand the steps needed to pass the performance section of the test and still failed. She was obviously frustrated.

The instructors, communication access providers and the student met after the second attempt to discuss areas of concern and potential changes in needed accommodations. It was decided that a captionist would be provided for notetaking (primarily to relieve the anxiety of the student) and that a communication specialist would be brought in to assist during the process. The student would continue with recommendations made after the first attempt. It was also discovered during the course of the day that the student/employee was deaf due to Congenital Rubella Syndrome, CRS, (otherwise known as Rubella or German Measles).

On the third attempt, the employee did no better overall. Although Sophia showed areas of improvement in some areas, she also worsened in areas she was previously able to show competence.

It would be easy to assume that the student/employee was a slacker who didn't study or someone who might not be the sharpest knife in the drawer. These observations have been made by many hearing and deaf professionals in our field when sometimes additional history is needed, more understanding of additional disabilities is warranted and further accommodations are required.

For a person deafened as a result of Rubella, there are potential co-morbid neurological sequelae that may be present. Although not all individuals are impacted the same way, individuals deafened as a result of Rubella may exhibit a variety of issues that can be present and even progressive throughout their lives.

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From the ODS Case Files

(Continued from page 14)

There are a host of physical conditions that may be present, manifest later or worsen throughout the remainder of their lives. These include diabetes, thyroid, congenital cardiac problems, intellectual disabilities, autistic like behaviors, dyslexia, developmental delays, cognitive skill problems, visual memory and processing problems, poor balance, discoordination, deaf-blindness, kidney problems, change in hearing or visual abilities, decline in IQ from childhood, increased premorbid motor and behavioral abnormalities, early menopause, psychological problems and behavioral problems, specifically impulsivity and attention deficits etc.

Language abnormalities which also may present or worsen over time in some individuals (this may or may not indicate a pattern for all individuals deafened by CRS). Some examples may include;

- Brief intermittent periods of language incoherence (similar to a psychological symptom sometimes referred to as “word salad”) in either expressive or receptive language.
 - Meaning that in the middle of producing language which is understandable, they may suddenly (and briefly) produce language that is not understandable. This is not a result of the person receiving the information being unable to understand.
 - It may also mean that while receiving information (directly or through interpreters), they may “phase out” and not be able to understand information conveyed through language during this time.
- Have difficulty remembering new information
- Display some unusual language patterns:
- Produce signing at a slightly slower than normal rate.
- Have difficulty learning newer vocabulary words.
- Difficulty finding the right word (sign) to convey their thoughts.
- Some noted difficulty expressing and receiving finger-spelled words.
- Comments that diverge from the message – the signs/comment made sense within the comment itself, but not within the context of the overall message. After the short comment, conversation would return to the original discussion.
- Copy signs of other people as they are communicating (simultaneously) before responding.
- Asymmetrical language in expressive/receptive sign or in written or read English.
- The person may use signed English expressively but receptively understand ASL better.

These language and neurological issues present challenges to us in mental health, vocational and educational settings and in a host of other environments. The challenges are numerous. One is knowing to examine the root cause of individuals who become revolving doors in mental health, or are sometimes labeled as failures in vocational rehabilitation and in educational environments. When such a situation arises – as described above, what accommodations could and should be made? How is language best used and understood? How can material be modified to offer the best opportunity for success? How can treatment be modified to provide maximum opportunity for recovery? ✍

Why the Practicum?

(Continued from page 6)

you to experience the change you'd like to see in your work. Interpreting involves so much more than the technical skills of sign production, receptive skills and voicing. There is the realm of practical skills one must employ.

Allow me to draw a parallel to our colleagues in another practice profession...doctors. Prospective doctors spend a number of years in medical school perfecting their technical skills. They learn anatomy, physiology, pathology...the list goes on. What they don't learn is how to BE a doctor. That comes from residency...working hand in hand with another doctor, perfecting the application of all those skills learned in medical school.

We are no different. As Robert Pollard and Robin Dean teach, interpreting is a practice profession. In order to increase our skill sets, we must employ resources like mentoring, reflective practice, and yes, practicums. It is through these skilled resources that we present ourselves as professionals.

The Interpreter Institute boasts consistent enrollment nearing 90 participants annually. Of that number, perhaps 10 percent return for a structured practicum. We currently have several options to complete practicums in 5 states. To date, 76 attendees have completed the practicum; 69 have passed the comprehensive exam, achieving QMHI.

As of press time, out of 87 attendee at the 2014 Institute, 8 have already started the practicum process by completely their paperwork and contracts.

What this tells us is that those who have come before, those who have deemed the practicum worthwhile, retain those skills throughout. Many of our QMHIs go on to become practicum supervisors themselves, sharing the wealth of their experience with the next generation of interpreters. ✍

AVAILABLE NOW!

The Demand Control Schema: Interpreting as a Practice Profession

by
Robyn K. Dean
and
Robert Q Pollard, Jr.



Dean and Pollard have been developing the demand control schema (DC-S) and their practice-profession approach to community interpreting since 1995. This textbook is the culmination of nearly two decades of work, as it evolved over the course of 22 articles and book chapters and nine DC-S research and training grants. Designed primarily for classroom use in interpreter education programs (IEPs), interpreting supervisors, mentors, and practitioners also will find this book highly rewarding. IEPs could readily use this text in introductory courses, ethics courses, and in practicum seminars. Each of its ten chapters guides the reader through increasingly sophisticated descriptions and applications of all the key elements of DC-S, including its theoretical constructs, the purpose and method of dialogic work analysis, the schema's teleological approach to interpreting ethics, and the importance of engaging in reflective practice, especially supervision of the type that is common in other practice professions. Each chapter concludes with a class activity, homework exercises, a check for understanding (quiz), discussion questions, and an advanced activity for practicing interpreters. The first page of each chapter presents a list of the chapter's key concepts, preparing the reader for an efficient and effective learning experience. Numerous full-color photos, tables, and figures help make DC-S come alive for the reader and assist in learning and retaining the concepts presented. Formal endorsements from an international panel of renown interpreter educators and scholars describe this text as "aesthetically pleasing," praising its "lively, accessible style," its "logic and organization," and referring to it as an "invaluable resource" with international appeal to "scholars and teachers." Spoken language interpreters also are proponents of DC-S and will find the material in this text applicable to their education and practice, as well.

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- | | |
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| Chapter 1: Demands of Interpreting | Chapter 6: Teleology and Practice Values |
| Chapter 2: Controls of Interpreting | Chapter 7: Demand Constellations |
| Chapter 3: DC-S Rubric | Chapter 8: Consequences |
| Chapter 4: EIPI Categories | Chapter 9: Dialogic Work Analysis |
| Chapter 5: D-C Interactions | Chapter 10: The Reflective Practice of Supervision |

To order, visit our website:
www.DemandControlSchema.com

Signs of Change Story Project

INVITING INDIVIDUALS FROM THE DEAF COMMUNITY WITH A
SERIOUS MENTAL ILLNESS TO SHARE THEIR STORIES

What Stories Tell

It is your story to tell. There is no right or wrong story. It does not have to be a literary masterpiece. The meaning is within the story you choose to tell. There are three themes you can choose as a focus:

Historical Stories- Stories of past experiences in the mental health system

Current Stories- Stories of current experiences in the mental health system

Visionary Stories- Stories that describe your vision of a compassionate and competent system of care

About the Project

Positive changes in our mental health system have occurred as the stories of those treated in the system were recognized. We have been able to understand the history of services from people who lived it. From these stories we learned what needed to change. As stories were shared we were able to see the strength and potential in the blurred lines between consumer, family members, and providers. These stories have taught us the beauty and strength of cultures that may be different from our own.

Yet there is a cultural group in our mental health system whose stories have not yet been recognized. Individuals who are deaf and have a mental illness often remain invisible in our system of care and thus our ability to develop competent systems of care are limited.

Signs of Change Story Project is dedicated to sharing the stories of these individuals with the hope that it will move us closer to a compassionate, fully integrated and culturally competent system of care.

Submission Information

The names of the Storytellers will remain anonymous in publication.

Submit your stories to
stories@signsofchangestoryproject.org or
visit our website:
www.signsofchangestoryproject.org or

Mail:

P.O. Box #20813, Baltimore MD. 21209

Visit website for required Release

Submission Deadline: December 4, 2014.

Contact Sharon and Cathy:

stories@signsofchangestoryproject.org

Signs of Change Story

The Signs of Change stories are being compiled under the direction of Cathy Waugh and Sharon Randall

Cathy's story: Cathy's inspiration to infuse humanity in the mental health arena started with a story: a story shared with her by individuals who received mental health services. These stories filled with pain, triumph, stigma and recovery propelled Cathy to dedicate her career to instill awareness, respect, compassion and humanity throughout the service delivery system.

Sharon's story, Sharon has celebrated writing throughout her life. She has used her love for writing in various venues including education, publication, and creative writing. Her excitement in this project is founded on the belief that the power of a story surpasses entertainment and allows the reader to develop knowledge, insight, and wisdom.





Going for the Gold
ADARA 2015
Rochester, NY



APRIL 21-25, 2015
Radisson Riverside Hotel
Rochester, NY
More Information available at
www.adara.org